## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # H78173** 1. Corporation Name

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90021 043 \*\*\*150.00

PAMELA 	J. LOFTUS, M.D., P.A.								
Principal Place	e of Business	Mailing Address			_		1868 1111 61811	RIGII OLDIS BIBIL DI	1611 61611 1661
900 NW 13TH ST. #103 900 NW 13TH ST. #103					Į				
BOCA RATON FL 33486 BOCA RATON FL 33486						- · · · ~	Site 161 Till	-	
					ı		RITE IN THIS	SPACE	————
						3. Date Incorporated or Qualife	α.		
						09/27/1985			
2. Principal P	Place of Business	2a, Mailing Address				4. FEI Number		<u> </u>	olied For
21		26				59-2592491	,		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_			5. Certificate of Status Desired		\$8.75 A	
22		27				3. Certificate of Ototoo Depired		Fee Red	quired
City & Stat	te	City & State				6. Election Campaign Financin	 g []	\$5.00	Мау Ве
23		28				Trust Fund Contribution	LJ	Added to	Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the co	irrent year In	tangible	Ī
24	25	29	30			Personal Property Tax.		☐Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New	Registered	Agent	
				31 Name	<del>,</del>				
LOF	tus, pamela J. M.D.		ļ.	32 Stree	t Addroc	ss (P.O. Box Number is Not Acce	ntable)		
900	NW 13TH ST. #103		l'	52 5000	Audres	SS (F.O. BOX NUMBER IS NOT ACCE	Jane,	**	
BOC	CA RATON FL 33486		];	33	<del></del>				
			-	34 City		•	FL	85 Zip C	code
	to the provisions of Sections 607.05	00 and COT 1500 Florida Statut	lac the ob		d comor	ration submits this statement for th			registered
f office or r	registered agent, or both, in the Stat	e of Florida. Such change was a	uthorized	by the cor	noration	's hoard of directors. I hereby acc	ept the appo	intment as reg	istered
				J 410 001	poradon	a pour or on octors. I hordey ove			
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505, Flo	rida Statut	es.	poradon	a poure or onocore. I horoby over			
agent. I a SIGNATURE	am familiar with, and accept the oblig	gations of, Section 607.0505, Flo	orida Statut	es.				<u></u>	}
SIGNATURE	am familiar with, and accept the oblig	gations of, Section 607.0505, Flo	erida Statut E: Registered A	es.		when reinstating)	DATE	<del></del>	
SIGNATURE	am familiar with, and accept the oblig Signature, typed or printed name of registered as	pations of, Section 607,0505, Flo gent and title if applicable. (NOTE ND DIRECTORS	: Registered A	es. gent signature			DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered as  OFFICERS A	gations of, Section 607.0505, Flo	E: Registered A	gent signature		when reinstating)	DATE	<del></del>	
SIGNATURE	Signature, typed or printed name of registered as OFFICERS A DPS LOFTUS, PAMELA J.	pations of, Section 607,0505, Flo gent and title if applicable. (NOTE ND DIRECTORS	Registered A  13.  1.1 TITL  1.2 NAM	gent signature	required w	when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered as OFFICERS A DPS LOFTUS, PAMELA J. 900 NW 13TH ST. #103	pations of, Section 607,0505, Flo gent and title if applicable. (NOTE ND DIRECTORS	Registered A  13.  1.1 TITL  1.2 NAM	gent signature	required w	when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered as OFFICERS A DPS LOFTUS, PAMELA J.	gent and title if applicable. (NOTE  ND DIRECTORS	E: Registered A  13.  1.1 TITL  1.2 NAA  1.3 STR	gent signature	required w	when reinstating)	DATE	ND DIRECTOI	R\$ IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A DPS LOFTUS, PAMELA J. 900 NW 13TH ST. #103	pations of, Section 607,0505, Flo gent and title if applicable. (NOTE ND DIRECTORS	E: Registered A  13.  1.1 TITL  1.2 NAA  1.3 STR	es. gent signature E E EET ADDRESS	required w	when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A DPS LOFTUS, PAMELA J. 900 NW 13TH ST. #103	gent and title if applicable. (NOTE  ND DIRECTORS	: Registered A 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT	es.  gent signature  E  E  EET ADDRESS  '-ST-ZIP  E	required w	when reinstating)	DATE	ND DIRECTOI	R\$ IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered as OFFICERS A DPS LOFTUS, PAMELA J. 900 NW 13TH ST. #103	gent and title if applicable. (NOTE  ND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM	es.  gent signature  E  E  EET ADDRESS  '-ST-ZIP  E	o required w	when reinstating)	DATE	ND DIRECTOI	R\$ IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A DPS LOFTUS, PAMELA J. 900 NW 13TH ST. #103	gent and title if applicable. (NOTE  ND DIRECTORS	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAN 2.3 STR	es.  gent signature  E  E  EET ADDRES!  '-ST-ZIP  E	o required w	when reinstating)	DATE	ND DIRECTOI	R\$ IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A DPS LOFTUS, PAMELA J. 900 NW 13TH ST. #103	gent and title if applicable. (NOTE  ND DIRECTORS	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAN 2.3 STR	gent signature  E  E  E  E  E  E  E  E  T  T  T  T  T	o required w	when reinstating)	DATE	ND DIRECTOI	R\$ IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered as OFFICERS A DPS LOFTUS, PAMELA J. 900 NW 13TH ST. #103	gent and title if applicable. (NOTE  ND DIRECTORS  DELETE	: Registered A 13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITT 22 NAM 23 STR 2.4 CIT 3.1 TITL	gent signature  E E EET ADDRES: '-ST-ZIP E EET ADDRESS: Y-ST-ZIP E	o required w	when reinstating)  ADDITIONS/CHANGES TO C	DATE	ND DIRECTOI Change Change	RS IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered as OFFICERS A DPS LOFTUS, PAMELA J. 900 NW 13TH ST. #103 BOCA RATON FL	gent and title if applicable. (NOTE  ND DIRECTORS  DELETE	13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITI 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITI 3.1 TITL 3.2 NAM	gent signature  E  E  EET ADDRESS  -ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS	s required w	vhen reinstating) ADDITIONS/CHANGES TO (	DATE	ND DIRECTOI Change Change	RS IN 12 Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A DPS LOFTUS, PAMELA J. 900 NW 13TH ST. #103 BOCA RATON FL	gent and title if applicable. (NOTE ND DIRECTORS DELETE DELETE	: Registered A 13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITN 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT	gent signature  E E E E E E E E E E E E E E E E E E	s required w	when reinstating)  ADDITIONS/CHANGES TO C	DATE	ND DIRECTOI Change Change	RS IN 12 Addition Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or one an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR